

NEW HAMPSHIRE

Corporation Division

Search
By Business Name
By Business ID
By Registered Agent
Annual Report
File Online

Date: 5/1/2013

Filed Documents

(Annual Report History, View Images, etc.)

Business Name History

Name	Name Type
Brooks Properties IV, LLC	Legal

Limited Liability Company - Domestic - Information

Business ID:	532143
Status:	Admin Dissolution
Entity Creation Date:	3/14/2005
Principal Office Address:	9 Red Roof Lane Salem NH 03079
Principal Mailing Address:	No Address
Last Annual Report Filed Date:	3/28/2008
Last Annual Report Filed:	2008

Registered Agent

Agent Name:	Peluso, Linda G
Office Address:	9 Red Roof Lane Salem NH 03079

Mailing Address:

Important Note: The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

Brooks

STATE OF NEW HAMPSHIRE

Form 1
RSA 504-C:12

Fee for Form SRA: \$50.00
Filing fee: \$50.00
Total fees \$100.00

Use black print or type.
Leave 1" margins both sides.

Form must be single-sided, on 8 1/2" x 11" paper and have one inch margins on both sides. Double sided copies will not be accepted.

CERTIFICATE OF FORMATION
NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is _____
Brooks Properties IV, LLC

SECOND: The nature of the primary business or purposes are _____
See "A" annexed

THIRD: The name of the limited liability company's registered agent is _____
Linda G. Peluso

and the street address, town/city (including zip code and post office box, if any) of its registered office is
(agent's business address) 9 Red Roof Lane, Salem, NH 03079

FOURTH: The latest date on which the limited liability company is to dissolve is _____ N/A

FIFTH: The management of the limited liability company _____ is _____ vested in a manager or
managers.

Dated 3/14/05
EFFECTIVE 1:10 PM

*Signature: [Signature]

Print or type name: Harold J. Brooks

Title: Manager

(Enter "manager" or "member")



"A"

SECOND:

PURPOSES

To acquire, without limit as to amount in any jurisdiction, but conformably to the laws thereof, by purchase, deed, mortgage, lease, construction, rehabilitation, or by any other method, and to dispose of by sale, conveyance, mortgage, or by any other method, personal property of every name, nature and description, real property, whether improved or unimproved; to develop and operate any and all of such real property, to enter into any and all contracts necessary to issue bonds, mortgages and all other available types of indebtedness upon any and all of the said property, buildings and structures as security, and dispose of said mortgages and all other available types of indebtedness issued on any other property, real or personal, to build, construct and open for public or private use streets and roads, and build and operate any and all types of facilities and amenities necessary for the promotion of any of the above objects.

In general, to carry on any or all of the business of the company as principal, agent or contractor, and to carry on any other business incidental to and in connection with the foregoing, and to have and exercise all the powers conferred by the laws of the State of New Hampshire upon limited liability companies formed under the Revised Statutes of the State of New Hampshire, and to do any or all of the things hereinbefore set forth to the same extent as natural persons might or could do.

Form SRA – Addendum to Business Organization and Registration Forms
Statement of Compliance with New Hampshire Securities Laws

Part I – Business Identification and Contact Information

Business Name: Brooks Properties IV, LLC

Business Address (include city, state, zip): 9 Red Roof Lane, Salem, NH 03079

Telephone Number: (603) 894-1104 E-mail: _____

Contact Person: Linda G. Peluso

Contact Person Address (If Different): N/A

Part II – Check ONE of the following items in Part II If more than one item is checked, this form will be rejected.
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:
- A) This business has 10 or fewer owners; and
 - B) Advertising relating to the sale of ownership interests has not been circulated; and
 - C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.
2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - _____
3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - _____
4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

Part III – Check ONE of the following items in Part III:

1. ☒ This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.)
2. ☐ This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale.

Part IV – Certification of Accuracy

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): Harold J. Brooks, Manager Signature: [Signature]

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Date: 3/14/05

March 14, 2005

Secretary of State
Corporations Division
State House Annex
Concord, NH 03301

Gentlemen and Ladies:

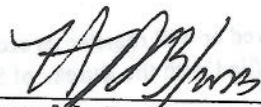
This will confirm that the undersigned has no objection to the approval of proposed limited liability company named Brooks Properties IV, L.L.C.

Please note same in your file.

Thank you.

Brooks Properties I, L.L.C.

By


Harold J. Brooks, Manager

HJB:jc

March 14, 2005

Secretary of State
Corporations Division
State House Annex
Concord, NH 03301

Gentlemen and Ladies:

This will confirm that the undersigned has no objection to the approval of proposed limited liability company named Brooks Properties IV, L.L.C.

Please note same in your file.

Thank you.

Brooks Properties II, L.L.C.

By 
Harold J. Brooks, Manager

HJB:jc



State of New Hampshire 2008 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2008

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Date Filed: 03/28/2008

Business ID: 532143

William M. Gardner

Secretary of State

BROOKS PROPERTIES IV, LLC

9 RED ROOF LANE
SALEM, NH 03079

ENTITY TYPE: LLC

BUSINESS ID: 532143

STATE OF DOMICILE: NEW HAMPSHIRE

REAL ESTATE

ADDRESS OF PRINCIPAL OFFICE:

9 RED ROOF LANE

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

PELUSO, LINDA G

9 RED ROOF LANE

SALEM, NH 03079

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Harold J Brooks

STREET 9 Red Roof Lane

CITY/STATE/ZIP Salem Nh 03079

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Harold J Brooks

STREET 9 Red Roof Lane

CITY/STATE/ZIP Salem Nh 03079

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Harold J Brooks

Please print name and title of signer: Harold J Brooks

NAME

/ MANAGER

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



053214320081009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

